

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 1 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484642		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on			MM / DD / YYYY 06 / 02 / 2016		
Full Name of Payee <b>Blueprint Interactive</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 06 / 2016		
Mailing Address 1155 Connecticut Ave NW Ste 601			Amount 4391.00		
City Washington State DC Zip Code 20036-4306		Transaction ID : VN7GBA1AB48 Date of Disbursement or Obligation MM / DD / YYYY			
Purpose of Expenditure Online Advertising		Category/ Type			
Name of Federal Candidate Kelly Ayotte		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought		2173245.62		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Shorr Johnson Magnus</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2016		
Mailing Address 100 N 20th St Ste 201			Amount 11630.92		
City Philadelphia State PA Zip Code 19103-1454		Transaction ID : VN7GBA1A325 Date of Disbursement or Obligation MM / DD / YYYY			
Purpose of Expenditure Media Production Costs - Estimate		Category/ Type			
Name of Federal Candidate Rob Portman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought		1917428.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			16021.92		
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶					
(c) TOTAL Independent Expenditures.....▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Rebecca Lambe		[Electronically Filed]		Date MM / DD / YYYY 08 / 17 / 2016	

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 06 / 02 / 2016	

Full Name of Payee <b>SKDKnickerbocker</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 31 / 2016	
Mailing Address 1150 18th St NW Ste 800		Amount 13660.38	
City Washington	State DC	Zip Code 20036-3845	Transaction ID : VN7GBA1A300
Purpose of Expenditure Media Production Costs - Estimate		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Name of Federal Candidate Kelly Ayotte		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		2173245.62	

Full Name of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 31 / 2016	
Mailing Address 3050 K St NW Ste 100		Amount 1091500.00	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GBA1A0H7
Purpose of Expenditure Media Buy		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Name of Federal Candidate Kelly Ayotte		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		2173245.62	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1105160.38
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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Rebecca Lambe

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
08 / 17 / 2016

Signature

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		M M / D D / Y Y Y Y Y Y 06 / 02 / 2016	

Full Name of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2016	
Mailing Address 3050 K St NW Ste 100		Amount 137363.00	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GBA1A0M1
Purpose of Expenditure Media Buy	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Rob Portman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		1917428.20	

Full Name of Payee		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	137363.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....▶	1258545.30

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Rebecca Lambe

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
08 / 17 / 2016

Signature